City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Tuesday, 21 July 2020 in

Commenced 4.50 pm
Concluded 6.25 pm

Present – Councillors

LABOUR	CONSERVATIVE
Greenwood **Mir** **Godwin** **Lintern**	**Goodall** **Hargreaves**

NON VOTING CO-OPTED MEMBERS

Susan Crowe — Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay — Healthwatch Bradford and District

Observers: Cllr S Ferriby, Portfolio Holder – Healthy People and Places

Apologies: Councillors J Sunderland, Khadim Hussain, Humphreys and Co-opted Member G Sam Samociuk

Councillor Greenwood in the Chair

7. DISCLOSURES OF INTEREST

Susan Crowe disclosed, in the interest of transparency and in relation to Minute 10, that her organisation (Bradford Talking Media) had a contract with the local authority's Health and Wellbeing department.

8. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

9. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

10. COVID-19 - ADULT SOCIAL CARE RESPONSE

The Strategic Director, Health and Wellbeing, presented a report (**Document "A**") providing Members with an update on the work undertaken by Adult Social Care to support the Health and Social Care needs of vulnerable people in response to the COVID-19 pandemic. Appended to the report was a detailed account of activity undertaken by Adult Social Care and a copy of the Care Homes Resilience Action Plan developed to support the health and care of vulnerable people.

Members were advised that as part of the Government's COVID-19 Action Plan the Coronavirus Act was passed. The Act contained significant changes to duties under the Care Act 2014 including 'Easements' to be enacted by Directors of Adult Social Services allowing them to deprioritise care which would otherwise be statutorily required. It was confirmed such easements had not been enacted in the area and that there were no current plans to do so. How long those powers would remain and who had the authority to implement them was questioned. In response the four levels of easement were reported which covered such eventualities as all care staff being ill and unable to deliver their service. It was stressed that implementation of the Easements would be avoided at all costs. To implement any easements, a recommendation must be made by the relevant Strategic or Assistant Director and only if the service was not able to cope for COVID-10 related reasons. In Bradford the Strategic Director, together with the Portfolio Holder would make any such recommendation to the Executive, the Chief Executive and the Corporate Management Team.

A Member raised concerns that elderly people had been isolated from their families and reported he had received many complaints about the experiences of patients and their families. He felt that the isolation of elderly and vulnerable people had not protected them from the virus as this had been transmitted via staff, from other patients or those being discharged from hospitals into care homes. In response it was explained that the national model had been followed which had focussed on keeping people safe. Staff had made many sacrifices to ensure patient safety and had instigated other measures such as facilitating garden visits and the introduction of technology to allow people to keep in touch.

Infections in care homes had been a major concern. The current level of infections was reported and it was noted that the cases had vastly reduced. Issues around the use of agency staff who worked between differing care settings had been recognised and the Council had invested in a bank of staff that were trained and inducted to work in one place for a consistent period of time.

The presentation had reported a rolling programme of re-testing of all staff within care homes whether they displayed symptoms or not. That testing was welcomed, however, a Member requested that additional anti-body testing be conducted to ascertain which people had contracted the virus. It was explained that anti-body testing was being conducted for NHS staff as a priority but would be extended to social care when that had been completed. It was stressed that the local testing arrangements enabled immediate priority support to be provided where needed.

It was questioned what measures were in place to learn from the COVID-19

experience and to prevent a repeat of any mistakes made and to protect people against a second spike or winter flu illnesses. It was explained that restricting staff movements and the availability of PPE would be a priority in the future months. Assurances were provided that all the support measures put in place would not be retracted.

A Member reported that family members acting as carers had felt that they were a risk to their relatives but were concerned that it was felt it was acceptable for them to be cared for by paid staff. In response it was explained that communication methods would be increased to reassure patients and their carers'. It was believed that the creation of a link person, with each care home having a single point of contact, providing proactive and reactive responses to families, and the increased use of technology would facilitate communications between patients and their families.

The level of planned respite care was questioned and it was confirmed that this had not been available during the pandemic. Alternative methods of support were planned including the opening of small satellite units for families who were having difficulty coping.

A Member questioned if GP visits to care homes had continued during the pandemic and it was explained that GP visits were facilitated if necessary. Telephone consultations had been utilised to provide support and guidance and support had been provided from district nurses and other health professionals.

The report outlined support to recipients of funded social care and revealed that a contribution holiday was put in place for all residents who received funded adult services. It was questioned why that contribution holiday was necessary and Members were advised that this was because it was not known for how long and to what extent community care services would be affected by the lockdown. It was not appropriate to charge for a service which could not be delivered. Alternative support had been offered to allow day care staff to go into family homes but very few families had taken up that offer. The contribution holiday did not apply to permanent or long term care and would be reviewed in three months' time. All service users would be advised when charges to payments were to be implemented.

It was questioned if home care had continued and if re-enablement was available when patients were discharged to home. In response it was confirmed that re-enablement and home care had remained open although there had been times when that had not been the appropriate level of support. Longer term recovery from COVID-19 could be slow depending on severity and if patients had been ventilated.

In response to concerns about workforce issues and challenges across adult social care it was explained that the service had, initially, suffered from a high absence rate with people isolating or being ill. The sickness rate did reduce very quickly, however, staff had worked without taking annual leave and were now tired. Pressures had been faced with staff having to undertake new and additional duties for people who were in lockdown until the end of July or beyond. There were 26,500 adults and children classed as Clinically Extremely Vulnerable

(CEV) and required to shield. The majority of those people were not previously known and the service had endeavoured to make contact with them all.

Care Home capacity was discussed and Members were assured that there was sufficient capacity. Extra facilities planned in Keighley were reported and due to delays to rental agreements provided additional capacity should that be needed. Plans had been put in place to secure hotel accommodation and other contingencies had been developed should additional capacity be required.

The safeguarding challenges faced during the pandemic were questioned and it was explained that difficulties had been faced due to the inability to respond to people face to face. Routine inspections by the Care Quality Commission had been stopped but issues would be picked up later.

The report revealed that for young people with the most complex disabilities in transition and adults with learning disabilities the Social Care Service had applied the legal principles of the 'presumption of necessity' during the COVID-19 emergency period and had responded flexibly to any requests from carers to use Direct Payments in a different way. Clarification on 'presumption of necessity' was requested and it was explained that it referred to capacity of decision making. All decisions would be considered in light of a person's capacity to make that decision. Direct payment flexibility was required to respond to an individual's needs.

Further detail was requested on how the service had responded to people with no recourse to public funds (NRPF). It was explained that NRPF applied to asylum seekers or failed asylum seekers and also people who had become destitute, homeless and sleeping rough. A view was taken that the current eligibility needed to be more flexible and the service had worked with the police to ensure that rough sleepers had suitable accommodation. The number of people receiving support as they had NRPF had risen from 30 to 88. People who were living in shared housing had been moved to single accommodation.

Additional work had been required to support an increase in domestic violence and it was feared that this was a long term problem and would increase with time. Perpetrators were also supported to change behaviour patterns.

A Member referred to communications on social media suggesting that people with disabilities did not have to wear a face mask and stressed that all people should be required to use face covering. The Strategic Director agreed with that statement and that the communication policy could be strengthened to reinforce that message. She reported that transparent face masks were being made to help people who relied on lip reading. She explained that her service had ordered material and that the company providing that material had provided the first order for free.

Members acknowledged and appreciated the additional work carried out during the pandemic by the Social Care workforce.

Resolved -

That the Strategic Director, Health and Wellbeing be thanked for the report.

No Action

11. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2020/2021

The report of the Overview and Scrutiny Lead (**Document "B**") presented a draft work programme 2020/21 for adoption by the Committee.

Appended to Document "B" was a draft work programme 2020/21 containing items which had been scheduled through to October 2020. Additional issues and items for possible consideration during the year were also appended.

The draft programme revealed that the impact of COVID-19 on mental health would be discussed at the meeting in October and in response to questions it was confirmed that this would be an informal discussion to scope out what Members would require from a formal report at a later date.

It was suggested that, in line with Government guidance and that of the Centre for Public Scrutiny, the scrutiny function should prioritise, and at the current time consider, a narrower programme of work focussing on 'critical business' issues and that the work programme should be reviewed and updated on a rolling three-month basis. This would allow the Committee to respond in a timely and flexible way to the evolving Covid-19 pandemic, the impact on the District's residents and on health and social care provision.

The Scrutiny lead reported that the Centre for Public Scrutiny were willing to provide a free Member session on COVID-19 and beyond. It was agreed that the session would be useful and could potentially be opened up to West Yorkshire colleagues.

Resolved –

(1)That the information in Appendices 1 and 2 of Document "B" be adopted as the Committee's Work Programme 2020/21

(2)That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three month basis up to March 2021

ACTION: Overview and Scrutiny Lead

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.